AAA OF CAROLINA 6600 AAA Drive Charlotte, NC 28282



NEED IT MOVED? LLC 821 SOUTH OTT RD COLUMBIA, SC 29205 Underwritten by:
Progressive Northern Insurance Co
April 27, 2018
Policy Period: Apr 27, 2018 - Apr

Policy Period: Apr 27, 2018 - Apr 27, 2019

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Customer Phone number: 1-803-920-0835

Commercial Auto Insurance Quote

Thank you for contacting me about your auto insurance needs. I am pleased to provide you with a quote from Progressive Northern Insurance Co, a company that offers competitive rates and many outstanding services. Progressive gives you access to your policy information through progressive agent.com, your customized Web site. Claims service is available 24 hours a day, 7 days a week by calling 1-800-274-4499.

Policy information

Business type: Trucking For-Hire
Sub business type: Household Movers

Quote for 12 month policy period

If you pay your premium in full, you will receive a discount as shown.

| Total policy premium | \$9,725.00 |
|--------------------------------|------------|
| Paid in full discount | -1392.00 |
| Policy premium if paid in full | \$8,333.00 |

Payment plans

Payment Method: 11 payments

Electronic Funds Transfer (EFT) assures that your payment is on time. Each payment includes a \$3.00 installment fee.

| Payment plan | Total premium | Initial payment | Payments |
|-----------------------------|---------------|-----------------|--------------------------|
| 11 Payments, 16.67% Down | \$9,725.00 | \$1,624.49 | 10 payments of \$813.06 |
| 10 Payments, 20.0% Down | \$9,725.00 | \$1,948.20 | 9 payments of \$867.09 |
| 6 Pay, Seasonal, 20.0% Down | \$9,725.00 | \$1,948.20 | 5 payments of \$1,558.36 |
| 10 Payments, 25.0% Down | \$9,725.00 | \$2,434.25 | 9 payments of \$813.09 |
| 4 Pay, Seasonal, 25.0% Down | \$9,725.00 | \$2,434.25 | 3 payments of \$2,433.25 |

Make payments by mail or at progressive agent.com. Each payment includes a \$6.00 installment fee.

| Payment plan | Total premium | Initial payment | Payments |
|------------------------------|---------------|-----------------|--------------------------|
| 11 Payments, 16.67% Down | \$9,725.00 | \$1,624.49 | 10 payments of \$816.06 |
| 10 Payments, 20.0% Down | \$9,725.00 | \$1,948.20 | 9 payments of \$870.09 |
| 6 Pay, Seasonal, 20.0% Down | \$9,725.00 | \$1,948.20 | 5 payments of \$1,561.36 |
| 10 Payments, 25.0% Down | \$9,725.00 | \$2,434.25 | 9 payments of \$816.09 |
| 4 Pay, Seasonal, 25.0% Down | \$9,725.00 | \$2,434.25 | 3 payments of \$2,436.25 |
| 4 Pay, Quarterly, 25.0% Down | \$9,725.00 | \$2,434.25 | 3 payments of \$2,436.25 |
| 1 Payment | \$8,333.00 | \$8,333.00 | None |
| 2 Payments, 50.0% Down | \$9,725.00 | \$4,864.50 | 1 payment of \$4,866.50 |



To purchase insurance

Please review the information on your quote for accuracy; incomplete and inaccurate information could affect your rate. These rates are subject to verification of information. If you have any questions or would like to purchase a Progressive policy, please call me at **1-800-974-1222**. Your coverage will begin once your initial payment has been received. Thanks again for the opportunity to work with you.

Rated drivers

Failure to accurately and completely report all driver information may result in premium differences and service delays.

| | | Marital | | Additional | |
|--------------|-----|---------|--------|-------------|--|
| Name | Age | status | Points | information | |
| ADAM BUTI FR | 39 | Sinale | 0 | | |

Outline of coverage

Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for a vehicle may not be combined with the limits for the same coverage on another vehicle.

Auto coverage part

| Description | Limits | Deductible | Premium |
|---|---|------------|---------|
| Liability To Others | | | \$7,256 |
| Bodily Injury and Property Damage Liability | \$750,000 combined single limit | | |
| Uninsured Motorist | | | 234 |
| Bodily Injury Property Damage | \$300,000 combined single limit each accident (included in combined single limit) | \$200 | |
| Underinsured Motorist | | | 215 |
| Bodily Injury Property Damage | \$300,000 combined single limit each accident (included in combined single limit) | \$0 | |
| Medical Payments | \$5,000 each person | | 109 |
| Comprehensive | | | 439 |
| See Auto Coverage Schedule | Limit of liability less deductible | | |
| Collision | | | 687 |
| See Auto Coverage Schedule | Limit of liability less deductible | | |

Subtotal policy premium

\$8,940

Motor Truck Cargo coverage part

| Description | Limits | Deductible | Premium |
|--|---------|------------|---------|
| Motor Truck Cargo | \$5,000 | \$500 | \$781 |
| Subtotal policy premium | | | \$781 |
| South Carolina Uninsured Motorist Fund | charge | | 4 |
| Total 12 month policy premium a | | | \$9,725 |

Rated commodities

- Appliances
 Household Goods (Mover)
- 3. Furniture (New)



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Auto coverage schedule

100 1000

1. **2011 TOYOTA 4RUNNER** Actual Cash Value (plus \$2,000.00 Permanently Attached Equip) VIN: **JTEZU5JR7B5028000** Garaging Zip Code: 29205 Territory: 1 Radius: 200 miles Personal use: Y Body type: SUV Use class: C

| Liability | Liability | UM | UIM | UM PD | UIM PD | Med Pay | |
|-----------------|--------------------------|-----------------------|-------------------------|----------------------|--------|---------|------------|
| Premium | \$2566 | \$100 | \$120 | \$26 | \$7 | \$69 | |
| Physical Damage | Comp/Glass Deductible | Comp/Glass Premium | Collision Deductible | Collision Premium | | | Auto Total |
| Premium | \$500 | \$407 | \$500 | \$663 | | | \$3,958 |

2. **2017 ANVIL Trailer** Stated Amount: * \$2,000 (including Permanently Attached Equip) VIN: **7FYBE1011HD001160** Garaging Zip Code: 29205 Territory: 1 Radius: 200 miles Personal use: N Body type: Sm Utility Trlr Use class: C

| Physical Damage | Comp/Glass Deductible | Comp/Glass Premium | Deductible | Collision Premium | Auto Total |
|-----------------|--------------------------|-----------------------|------------|----------------------|------------|
| Premium | \$500 | \$32 | \$500 | \$24 | \$56 |

3. 2016 Ford F650 SUPER DUTY

VIN: **1FDNF6CY0GDB03569** Garaging Zip Code: 29205 Territory: 1 Radius: 100 miles Personal use: N Body type: Straight Truck Use class: H

| Liability | Liability | UM | UIM | UM PD | UIM PD | Med Pay | Auto Total |
|-----------|-----------|------|------|-------|--------|---------|------------|
| Premium | \$4690 | \$64 | \$76 | \$44 | \$12 | \$40 | \$4,926 |

*A vehicle's stated amount should indicate its current retail value, including any special or permanently attached equipment. In the event of a total loss, the maximum amount payable is the lesser of the Stated Amount or Actual Cash Value, less deductible. Be sure to check stated amount at every renewal in order to receive the best value from your Progressive Commercial Auto policy.

Form QTE (05/08)